2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90076 030 ****61.25

DOCUMENT # N07430

1. Entity Name

HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.

Principal Place of Business	Mailing Address
KEITH TARRER 1000 WALKER ST # 328 HOLLYHILL FL 32117 US	KEITH TARRER 1000 WALKER ST #328 HOLLYHILL FL 32117-2559 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2496443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARRER, KEITH 1000 WALKER ST LOT 328 HOLLY HILL FL 32117	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DESAULTELS, ART 100 WALKER ST # 8 HOLLY HILL FL 31117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKLES, LORRAINE 1000 W ALKER ST SUITE 374 HOLLYHILL FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Louis Schmitt 1000 walker st # 328 Holly Hill, FL 32117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASE, CHUCK P 1000 WALKER ST 354 HOLLYHILL FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ann anderson 1000 walker st. # 31 Holly Hill, Fl 32117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVENY, RUTH 1000 WALKER ST SUITE 63 HOLLYHILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRIERA, BEA 1000 WALKER ST #63 HOLLY HILL FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lucy DeFelice 1000 walker st # 88 Holly Hill, Fl 32117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TARRER, KEITH 1000 WALKER ST. #328 HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-15-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #